

November 17, 2015



# THE CITY OF NEW YORK

## VITAL RECORDS CERTIFICATE

### CERTIFICATE OF BIRTH REGISTRATION

DATE FILED

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MAY 07, 2014

### CERTIFICATE OF BIRTH

02:55 PM

CERTIFICATE NO. 156-14-038489

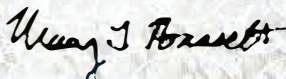
1. NAME OF CHILD		(First, Middle, Last) <b>Blima F</b>					
2. SEX	3a. NUMBER DELIVERED of this pregnancy	4a. DATE OF CHILD'S BIRTH	4b. Time				
<b>Female</b>	<b>1</b>	<b>May 01, 2014</b>	<b>10:36</b>	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM		
5. PLACE OF BIRTH	5b. Name of Hospital or other facility (if not facility, street address)						
<b>Manhattan</b>	<b>The Mount Sinai Hospital</b>						
5c. TYPE OF PLACE							
<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other-specify: _____							
6a. MOTHER/PARENT'S NAME (Prior to first marriage)		6b. MOTHER/PARENT'S DATE OF BIRTH		6c. MOTHER/PARENT'S BIRTHPLACE			
(First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		(Month) (Day) (Year - yyyy)		City & State or foreign country			
<b>Perl H</b>		<b>01 / 07 / 1984</b>		<b>Israel</b>			
7. MOTHER/PARENT'S USUAL RESIDENCE		7c. City or town		7d. Street and number		7e. Inside city limits of 7c?	
a. State b. County		<b>Monsey</b>		<b>185 Park Lane</b>		<b>10952</b>	
<b>NY Rockland</b>						<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>	
8a. FATHER/PARENT'S NAME (Prior to first marriage)		8b. FATHER/PARENT'S DATE OF BIRTH		8c. FATHER/PARENT'S BIRTHPLACE			
(First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		(Month) (Day) (Year - yyyy)		City & State or foreign country			
<b>Jacob F</b>		<b>01 / 18 / 1984</b>		<b>Brooklyn, NY</b>			
9a. NAME OF ATTENDANT AT DELIVERY		<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____		No Correction History			
<b>Victor M. Grazi</b>							
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN		<input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input checked="" type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____					
Signed <u>Anastasia Stekas</u>							
Name of Signer <u>Anastasia Stekas</u>							
Address <u>One Gustave L. Levy Place New York, New York 10029</u>							
Date Signed <u>May 07</u> Year - yyyy <u>2014</u>							
Mother/Parent's Current (First, Middle, Last) Legal Name <u>Perl Felberbaum</u> Address <u>185 Park Lane</u> Apt. <u>****</u> City <u>Monsey</u> State <u>NY</u> ZIP <u>10952</u>							

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made here, as no inquiry as to the facts has been provided by law. See reverse side for information on how to correct a birth record.

Este es el registro del certificado de nacimiento de su niño (a), se le ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Vea al lado reverso la información para corregir un certificado de nacimiento.



MAYOR



COMMISSIONER OF HEALTH AND MENTAL HYGIENE



CITY REGISTRAR

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May 9, 2014

